PTO/SB/01 (12-97)

Approved for use through 9/30/0
Patent and Trademark Office; U.S. DEPARTMEN
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of informatio
a valid OMB control number.

00. OMB 0651-0032	- 1
NT OF COMMERCE	
on unless it contains	

## 3600/127 Attorney Docket Number **DECLARATION FOR UTILITY OR** Jeffrey M. Vitullo, et al. First Named Inventor **DESIGN** COMPLETE IF KNOWN PATENT APPLICATION (37 CFR 1.63) Unknown **Application Number** Herewith Filing Date Declaration ☑ Declaration Unknown Submitted Submitted after Initial Group Art Unit Filing (surcharge with Initial (37 ČFR 1.16 (e)) **Examiner Name** Unknown Filing required)

As a below named inventor	r, i hereby declare that:			·						
My residence, post office address, and citizenship are as stated below next to my name.										
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural										
names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:										
STYLET-FREE EPIDURAL CATHETER AND THREAD ASSIST DEVICE										
the specification of which	(Title	of the Invention)								
is attached hereto	•	ŕ								
OR  was filed on (MM/DD/YYYY)  as United States Application Number or PCT International										
Was med on (Without		as office	3 Graros Appirod		٦ .					
Application Number		as amended on (MM/DD/Y)			(if applicable).					
I hereby state that I have revi amended by any amendment	iewed and understand the d	contents of the above identi	ified specificatio	n, including the c	laims, as					
• •	•		dofeed in 27 CG	D 1 66						
I acknowledge the duty to disc	close information which is t	material to patentability as t	demien in 27 Cr	K 1.50.						
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate. or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.										
Prior Service Application Foreign Filling Date Priority Certified Copy Attached?										
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Not Claimed	YES	NO					
				П						
					ā					
			ا لا ا	<u> </u>	<u> </u>					
Additional foreign application	on numbers are listed on a	supplemental priority data	sheet PTO/SB/0	28 attached her	eto:					
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.										
Application Number(s	s) Filing Date	(MM/DD/YYYY)								
<b>:≈</b> -⁄			onal provisiona							
				ers are listed o emental priority						
	İ			B/02B attache						
					,					

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PTO/SB/01 (12-97)
Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## DECLAPATION Utility or Design Patent Application

DEC	<u> </u>	KATIO	<i>y</i>	<u> </u>	ши	<u>y UI</u>	DE	วเน	!!	rale	111.7	<u> 144</u>	nical	U	11	
I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.																
U.	S. Pare	nt Applicati Numb		PCT I	Parent	ŧ		rent F MM/D		g Date			nt Pateni (if applic			
Additional	U.S. or P	CT international	applicat	tion nur	nbers ar	re listed or	a sup	piemeni	lal p	riority data	sheet P1	0/88/0	02B attache	d he	reto.	
As a named inv and Trademark	As a named inventor. I hereby appoint the following registered practitions and Trademark Office connected therewith:  Customer Number  OR  Registered practitioner(												Place Cu Number E Lahel	t all business in the Paten Place Customer Number Bar Code Label here		
	Marro	_		1	-	tration				Nam	0				tration	
Kenneth P. Geo Philip H. Gottfri Abraham Kasda	chael J. Berger     25,829       niel S. Ebenstein     24,932       nneth P. George     30,259       lilp H. Gottfried     25,871       raham Kasdan     32,997			nber		Joel E. Lutzker ira E. Silfin Leonard S. Sorgi Neil M. Zipkin Neal L. Rosenberg					29,406 33,785 33,211 27,476 21,088					
Anthony F. Lo C	registered	oractitioner(s)	named o	29.403		l Register	ed Pra	ctitioner	Info	rmation she	et PTO/	SB/02C	attached h	eret	0.	
	Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.  Direct all correspondence to: Customer Number or Bar Code Label  OR Correspondence address below															
Name	Neal	L. Rosenb	erg, E	Esq.												
Address	AMS	TER, ROTH	STE	N & E	BEN	STEIN										
Address	90 Pa	rk Avenue														
City	New	York					_	State	Ц.	Υ	ZIP 10016					
Country	US			Įτ	elepho	ne 212	2-697	-697-5995 <sub>Fa</sub>				ax 212-286-0854				
I hereby decla believed to be punishable by	I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true: and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.															
Name of S	ole or f	irst Invento	r:					A petit	ion	has been	filed fo	r this u	ınsigned ir	ive	ntor	
Given Name (first and middle (if anyl)					Family Name or Surname											
Jeffrey N	١.	$\triangle$					<u>J</u> v	itullo						_		
inventor's Signature	<b>-</b> ≈∕		My	_^	<u> </u>	<u> </u>	رر						Date	1	12/00	
Residence:	Residence: City Pottstown State PA				PA		Country		US			Citizensh	ip	15		
Post Office Address 304 Coventry Point Lane																
Post Office	Address										<del>,</del>					
City	Pottstown State PA ZI						ZIP 19465 Country US									
D	1 1	baine e	amad d	on th	61	nalamai	ntal Δ	ddition:	al In	ventor(s) :	sheet(s)	PTO/	/SB/02A at	tac	hed heret	

Please type a plus sign (+) inside this box -> +

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## **DECLARATION**

## ADDITIONAL INVENTOR(S) Supplemental Sheet Page 3\_ of 3\_

Name of Additional Joint Inventor, if any:											
Given Name (first and middle [if any]) Family Name or Su								ımame	rname		
Carl Botterbusch								, 1			
Inventor's Signature		1			10	/23/ <sup>©</sup> Date					
Residence: City	Wyomissing	State	PA	c	Country US		Citizens	hip Ü	5		
Post Office Address	1336 Cleveland Avenue										
Post Office Address	Post Office Address										
City	Wyomissing	State	PA		ZIP 1	19610	Country	us			
Name of Additional Joint Inventor, if any:  A petition has been filed for this unsigned inventor											
Given Na	Given Name (first and middle [if any]) Family Name or Surname										
Don 🗩	Ulrich										
Inventor's Signature	Don Mall										
Residence: City	Denver	State	PA	c	ountry	us	us		nship	U5	
Post Office Address	430 Greenville Road	d									
Post Office Address											
City	Denver	State	PA		ZIP	17517	Count	itry			
Name of Additio	Name of Additional Joint Inventor, if any:  A petition has been filed for this unsigned inventor										
Given Na	me (first and middle [if any]	)				Family Na	me or S	umame			
Inventor's Signature	•								te		
Residence: City		State			Country				Citizenship		
Post Office Address											
Post Office Address											
City	·	State		_	ZIP		C	ountry			

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.